

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Todd J. Sheldon et al.  
TITLE: ISCHEMIA DETECTION

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL799065848US, on this 30<sup>th</sup> day of August, 2001.

Molly Chlebeck

Printed Name

Molly Chlebeck

Signature

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal  
 Specification:  
Total pages: 33 (including claims and abstract: Spec. 22 sheets; Claims 10 sheets; Abstract 1)  
 Drawings:

Total sheets: 10

formal  informal

Combined Declaration and Power of Attorney:

newly executed  
 copy from prior application  
 Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
 Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a  
 Assignment of the Invention to Medtronic, Inc.  
 Assignment cover sheet  
 Information Disclosure Statement  
 PTO Form 1449  
 Copies of IDS citations  
 Preliminary Amendment  
 A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
 Return Postcard

IF A CONTINUING APPLICATION:

Continuation  Divisional  Continuation-in-part (CIP)  
of prior application No. \_\_\_\_\_ / \_\_\_\_\_.

Amend the specification by inserting before the first line the sentence: This application is a  continuation  
 division  continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.

Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: \_\_\_\_\_.

JCE029 U.S. PRO  
09/945179  
08/30/01

This application claims the benefit of U.S. Provisional Application(s) Serial No. ( ), filed .

Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987  
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	67	20	= 47	x 18	\$846.00
Independent Claims	6	3	= 3	x 80	\$240.00
Multiple Dependent Claims			+ 270		
Basic Filing Fee					\$710.00
				TOTAL	\$1,796.00

Charge Deposit Account No. 13-2546 the sum of \$1,796.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of **\$1,836.00**.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date \_\_\_\_\_

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Date \_\_\_\_\_

**APPLICATION FOR UNITED STATES LETTERS PATENT**

**for**

**ISCHEMIA DETECTION**

**by**

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**CERTIFICATE OF "EXPRESS MAIL"**

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Date of Deposit: August 30, 2001

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Molly Chlebeck

Printed Name

Molly Chlebeck

Signature